2141



May 9, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re: Change of Correspondence Application

Application number:

09/934093

Filing date:

08/21/2001

First named inventor:

Daniel Burnsten

Art unit:

2141

Examiner name:

SHINGLES, KRISTIE D

Attorney docket number:

BU23

Dear Commissioner for Patents:

Enclosed are six (6) Change of Correspondence Applications for the above-mentioned patent application. I respectively request that the correspondence address be changed to the address listed on the form, which corresponds to the address below.

Thank you for your assistance.

Sincerely,

Carl R. Crawford 20 Webster St., #404 Brookline, MA 02446

Cell: 617-335-3372 carl.crawford@ieee.org

PTO/SB/122 (09-04) Approved for use through 07/31/2006. OMB 0651-0035

09/934093

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CHANGE OF

Name

*Total of 6

Date

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forms if more than one signature is required, see below*.

forms are submitted.

Application Number

CORRESPONDENCE ADDRESS	Filing Date	08/21/2001	
Application	First Named Inventor	Daniel Burnstein	
Address to:	Art Unit	2141	
Commissioner for Patents MAY 1 8 200 E.	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
Please change the Correspondence Address for the ab	ove-identified patent applica	tion to:	
The address associated with Customer Number:			
OR			
Firm or Individual Name Carl R. Crawford			
20 Webster St., #404 Address			
City Brookine	State MA	Zip 02446-4964	
Country United States			
Telephone 617-335-3372	Fax 978-977-6805		
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I am the:			
Applicant/Inventor			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
Attorney or agent of record. Registration Number			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature			
Typed or Printed Care Chawfon			

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Telephone

617-335-3372

PTO/SB/122 (09-04)

09/934093

08/21/2001

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CORRESPONDENCE ADDRESS

*Total of 6

_forms are submitted.

Application Number

Application	First Named Inventor	Daniel Burnstein
	Art Unit	2141
Address to: Commissioner for Patents P.O. Box 1450	Examiner Name	SHINGLES, KRISTIE D
Alexandria, VA 22313-1450	Attorney Docket Number	BU23
Please change the Correspondence Address for the abo	ove-identified patent applica	tion to:
The address associated with Customer Number:		
OR		
Firm or Individual Name Carl R. Crawford		
20 Webster St., #404 Address		
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄
Country United States		
Telephone 617-335-3372	Fax 978-977-6805	
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Applicant/Inventor		
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclored.	sed. (Form PTO/SB/96).	
Attorney or agent of record. Registration I	Number	·
Registered practitioner named in the appl executed oath or declaration. See 37 CFF		
Signature		
Typed or Printed Name	B. STARFIE	
Date 3/3/05	Telephone 617-7	182-5884
NOTE: Signatures of all the inventors or assignees of record of the entire intercorms if more than one signature is required, see below*.	est or their representative(s) are req	uired. Submit multiple

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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents CHANGE OF MAY 1 6 2005	Application Number	09/934093
	Filing Date	08/21/2001
	First Named Inventor	Daniel Burnstein
	Art Unit	2141
	Examiner Name	SHINGLES, KRISTIE D
P.O. Box 1450 Alexandria, VA 22313-1450		BU23

Attorney Docket Number

	ge the Correspondence Address for the above	-ider	ntified patent application	n to:
	ner Number:			
OR				
Firm or Individu	ual Name Carl R. Crawford			
Address 20	Webster St., #404			
City Bro	pokine	Sta MA	te	Zip ₀₂₄₄₆₋₄₉₆₄
Country Uni	ited States			
Telephone 61	7-335-3372		Fax 978-977-6805	
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	Attorney or agent of record. Registration Nur	mber		
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number				
Signature	Im Hed			
Typed or Printed Name	JAY LEBED			
Date	3/2/05	Tel	ephone 617,731,	5398
NOTE: Signatures of a forms if more than one	Ill the inventors or assignees of record of the entire interest e signature is required, see below*.	or the		
*Total of 6	forms are submitted			

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Application Number

CORRESPONDENCE ADDRESS	Filing Date	08/21/2001
Application	First Named Inventor	Daniel Burnstein
Address to:	Art Unit	2141
Commissioner for Patents MAY 1 6 2005 55.	Examiner Name	SHINGLES, KRISTIE D
Alexandria, VA 22313-1450	Attorney Docket Number	BU23 .
Please change the Correspondence Address for the abo	avo identified natent applicat	ion to:
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OR		J
Firm or Carl R. Crawford	· · · · · · · · · · · · · · · · · · ·	
20 Webster St., #404 Address		
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄
Country United States		
Telephone 617-335-3372	Fax 978-977-6805	
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I am the:		
✓ Applicant/Inventor		
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
Attorney or agent of record. Registration Number		
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number		
Signature American Agrico Agri	,···	
Typed or Printed JAMES M. KARET		
Date / 3/2/05	Tolophone - O	38.2011
NOTE: Signature of all the inventors or assignees of record of the entire interesting it have than one signature is required, see below.	est or their representative(s) are requ	ired. Submit multiple
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CHANGE OF	Application Number	03/304033	
CORRESPONDENCE ADDRESS	Filing Date	08/21/2001	
Application (12)	First Named Inventor	Daniel Burnstein	
Address to:	Art Unit	2141	
Commissioner for Patents P.O. Box 1450 MAY 1 6 2005	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
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The address associated with Customer Number:			
OR		_	
	 		
Individual Name Carl R. Crawford			
20 Webster St., #404 Address			
City Brookine	State MA	Zip 02446-4964	
Country United States			
Telephone 617-335-3372	Telephone 617-335-3372 Fax 978-977-6805		
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Applicant/Inventor			
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Attorney or agent of record. Registration Number			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature Saul Brunter			
Typed or Printed DANIEL BURNSTETN	or 617	-982-4536	
Date 3 25 05	Telephone 617 -	943-4852	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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CHANGE OF

CORRESPONDENCE ADDRESS

Application OVPL

Application Number

First Named Inventor

Address to:	Art Unit	2141	
Commissioner for Potents MAY I 0 2003	Examiner Name	SHINGLES, KRISTIE D	
P.O. Box 1450 Alexandria, VA 22313-1450 RADEMARK	Attorney Docket Number	BU23	
Please change the Correspondence Address for the abo	ove-identified patent applica	tion to:	
The address associated with Customer Number:			
OR			
Firm or Individual Name Carl R. Crawford			
20 Webster St., #404 Address			
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄	
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Telephone 617-335-3372	Fax 978-977-6805	· · · · · · · · · · · · · · · · · · ·	
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Attorney or agent of record. Registration Number			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature A co Ce) will		· · · · · · · · · · · · · · · · · · ·	
Typed or Printed Name George Wood			
Date Ma- 30, 2003	Telephone 480 - 421 -	9640	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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